



**WEBS OF SAFETY AND CARE  
Funds Acquittal Form**

Grant Number:

Date Grant Received:

Grantee Name/Organisation:

Grantee Contact Person:

Grantee Contact Details:

Receipt No. / Date	Item description/Expense type	Other Currency (amount)	USD \$ Currency
<i>Please list all items/ services procured in order of procurement dates</i>	<i>Please specify what this amount was used for e.g. Travel, accommodation, equipment hire, payments of services rendered etc.</i>	<i>The cost of items or services procured in your local currency</i>	<i>The cost of items or services procured in USD\$. Please log onto <a href="http://www.oanda.com/currency/converter">www.oanda.com/currency/converter</a></i>
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Total Cash Spent:

UAF A&P Grant amount (exact amount received from UAF A&P):

Amount to be reimbursed/repaid to UAF A&P:

Date:

Signature (Grant Contact Person)

Date:

Senior Manager/Director  
Name and signature